

United States District Court  
For the District of Delaware

Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 04-209 SLR

Attached below is a return receipt card reflecting proof of service upon the named party on the date show.

2006 JUN 12 PM 3:08  
FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
RG  
Scanned

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>First Correctional Medical, Inc. 6861 Northoracle Road TUCSON, Arizona 85704</p>		<p>B. Received by (Printed Name) SUE CIANCIOLO</p>	<p>C. Date of Delivery 6-7-06</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7005 1820 0004 3169 6152</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	